

WAR 19 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6077

1. PLACE OF DEATH

County Howard
Township Bonne Femme
City James Dabner Jorden,

Registration District No. 878
Primary Registration District No. 4223

File No. _____
Registered No. 5
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single,</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>#</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6/8th 1868</u>		
7. AGE <u>68</u>	YEARS <u>8</u>	MONTHS <u>17</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>#</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Missouri,
(STATE OR COUNTRY)

13. NAME Father Jorden,

14. BIRTHPLACE (CITY OR TOWN) Missouri,
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Patterson,

16. BIRTHPLACE (CITY OR TOWN) Missouri,
(STATE OR COUNTRY)

17. INFORMANT Mrs. Blanch Mickerson,
(ADDRESS) Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL City Cemetary,
PLACE DATE 2/26th 1937

19. UNDERTAKER Guy T. Halley,
(ADDRESS) Fayette, Mo.

20. FILED 2-28-1937 V. G. Buchanan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/24th 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1937, to 2-24, 1937
I last saw him alive on 2-24, 1937. Death is said to have occurred on the date stated above, at 4 p. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 2-22-37

Other contributory causes of importance: Chronic Neglect 1935

Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) W. G. Bloom, M. D.
(Address) Fayette Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

